

# Tuberculosis in Malta – Some historical facets

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*The dark chronicle: In 1841, Dr Charles Galland, professor of anatomy at the Malta University carried out post-mortems on 615 unselected cases who had died from various diseases and he found clear indications of tubercular lung disease in 13% of them. This shows that the number of TB cases with lung involvement at that time was high.*

The famous Sir Temi Zammit in his paper “Tuberculosis in the Maltese Islands” (1900) also shows that quite a number of Maltese in various towns and villages succumbed to TB.

The following mean population figures for some localities for the years 1890-1899 throw some light on the sad situation regarding deaths from TB - mostly of the lungs, compiled for Sir T. Zammit. Figures were perhaps approximate.

Out of a population of 24,136 in Valletta - Floriana, 659 died

Out of 3,349 in Tarxien - Paola, 112

Out of 12,601 in Cospicua, 324

Out of 7,288 in Vittoriosa, 131

Out of 8,179 in Senglea, 205

Out of 7,900 in Qormi, 168

The number of cases seems to have very gradually decreased slightly during the 20<sup>th</sup> century, probably due in general terms to better nutrition and sanitation.

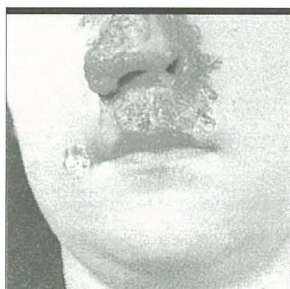
On the 22<sup>nd</sup> April 1909, while on a visit to Malta, King Edward VII, inaugurated a 60 bed sanatorium at Palazzo Vilhena, Mdina. He named it after his brother the Duke of Connaught who at that time was the British Commander in Chief in the Mediterranean – who as a noble gesture donated eight hundred pounds sterling for the purchase of new equipment. Other items were financed by the Maltese administration.

In later years structural changes were made at the ‘Connaught’ to accommodate around one hundred patients and the number of staff was increased. For many years, Gozitan patients were accommodated in a building known as St Theresa hospital at Tal Ibrag.

## **During the Second World War there was a slight rise in TB cases**

And now to a later time horizon. The Second World War was responsible for a large number of deaths. Besides other factors, an ill nourished population has little resistance to various diseases. Furthermore certain social disruptions tend to trigger diseases. There was an increase of TB cases; very poor nutrition and overcrowding in the shelters, refugee centres and homes all contributed to this rise. However I do not want to give the impression that there was rampant tuberculosis. During Malta's second great siege, the officials running the Medical and Health Department ably led by Professor A.V. Bernard – the Chief Government Medical Officer and doctors were concerned because the number continued to increase with the worsening food situation. During mid 1942, Malta was on the verge of starvation. The food supplies which arrived in mid August on the five merchantships of the Santa Marija convoy acted like a blood transfusion at a most critical time. Nine other merchantships, besides some warships had been sunk, with appalling losses in human lives. Another four merchantships with food, medical supplies etc. arrived in November 1942.

It is relevant to mention that during late November – December 1942 and during the first months of 1943, all of us at the Lyceum and other secondary schools, were given a small teaspoon of cod liver oil, twice a week to boost up our resistance. In 1942, one of our very knowledgeable masters and one of my schoolmates succumbed to TB and died.



*Lesions of Tuberculosis: Nose,*



*Lupus vulgaris: tongue*

The incidence of TB was as follows:

1939	–	154 cases
1940	–	183
1941	–	239
1942	–	344
1943	–	263

Besides these, there were also some other unreported cases (because of the stigma associated with TB) in out-of-the-way farmhouses, who somehow escaped the attention of health inspectors who were performing much more work than normal, so much so that they were exempted from military service.

During 1955 and 1956, one of my duties entailed performing a half-day session once a fortnight at the 'Connaught' to cater for the dental-oral needs of TB patients, at that time around 90. Several of these were in an advanced stage and coughed up blood (haemoptysis) of a bright red colour. Some had persistent mouth ulcers probably due to secondary infection from the lungs. A few other patients had 'lupus vulgaris' on their noses. (see photos)

There was a rather high incidence of dental-peridontal disease and inflamed sulcus. Efforts were made to improve their mouth hygiene. The oral tuberculous lesions particularly those of the lips developed as small pimples which gradually broke down to form painful ulcers at the corners of the mouth. Tuberculous ulcers are characterized by an irregular undermined border, while the base is usually covered with an ugly yellow exudate or mucus.

Some ulcers developed on the tongue, in certain cases where irregular edges of teeth existed. Streptomycin therapy was used for tubercular lesions of the tongue. Marked sialorrhea was common.

When intravenous therapy with arsphenamine or Mapharsen was periodically administered, the oral tuberculous lesions tended to aggravate.

I used to be deeply concerned while carrying out treatment, because of the risk involved, more so when Dr Emanuel Agius confirmed that the ulcers were infected with the TB bacillus.

Among the very dedicated specialists and doctors at the 'Connaught', I remember the Noble Dr Felix Apap Bologna, Dr Joseph Micallef and Dr Anthony Lanfranco. Dr Lanfranco was later appointed physician in charge of the TB ward (women) at S.L.H. Mr Anthony Darmanin – the Wardmaster (equivalent to present-day S/Administrative Nurse) was indeed a very efficient and humane personality. The nurses carried on under dangerous conditions and were also unsung heroes. Last but not least there was an admirable chaplain – Rev. Francis Catania who did so much spiritual and social good for so many.

Dr Anthony Lanfranco had mentioned to me an interesting historical fact. About 1910 to 1920, a new medicine 'Umckaloabo' based on this plant which grew in South Africa and the Gold Coast was used for some time by some doctors in Switzerland, England and also tried in Malta. This consisted of teaspoonfuls – the dose depended on the severity of the disease, of a liquid extract made from the root and fortified by alcohol and glycerine for preservative purposes. Lozenges were also used.

This had been used in a series of cases by Dr Sechegaye in Geneva over a period of about 10 years. A number of patients had claimed a sense of bien être, but in due course it was found that it did not arrest the disease.

There is a fact that should not be lost sight of. It is well known that in chemical analysis; when certain substances are put together the combination may yield something different from either. It was then felt that Umckaloabo when in contact with human blood could possibly provide a chemical substance which is toxic to TB, although the drug was harmless to the hardy germs of TB by itself.

Following the extensive research and developments in Europe and the U.K., new concepts and lines of treatment improved. In 1957, 68 patients from the 'Connaught' were sent at Government expense to England and Milan for special treatment. Many of them responded well to treatment and returned healed. In the following years, the number of new cases in Malta and Gozo gradually decreased.

Around 1952, it had been generally felt that the 'Connaught' was not the ideal Sanatorium although it had served its purpose well for many years. Furthermore it was situated too close to an inhabited locality. Dr (later Sir) Paul Boffa – at that time Minister of Health and Prof. G. Galea – Chief Government Medical Officer suggested the building of a small TB hospital. In 1953, a Parliamentary Committee was appointed to study the matter and make suggestions. The Tal Virtu or some other suitable locality was mentioned. However the Government of the time was defeated soon after and the advisory committee lapsed with the dissolution.

In 1952 (and later) mainly through the initiative of Dr Paul Boffa, a financial aid was given to families whose breadwinners suffered from TB and were exposed to infection, mainly in order to increase their resistance by better feeding.

The 'Connaught' was shut down in November 1956 and a small section for TB patients was set up at St. Vincent de Paule. (Now residence for the Elderly). Later another TB ward was set up at S.L.H. The 'Connaught' was inaugurated as a museum of Natural History on 22 June 1973.

The brightening turning point: In the spring of 1950, Mass B.C.G. vaccination was introduced by the Department of Health. This proved to be of immense value and in the following decade, the number of cases dropped a lot. There was a dramatic fall in the number of new cases and deaths from tuberculosis.

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